

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

October 19, 2017 - 9:30 am to 12:00 pm

Polk County River Place, Room 1

2309 Euclid Ave, Des Moines, Iowa

MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Pete Brantner
Dennis Bush (phone)
Thomas Broeker
Jody Eaton
Marsha Edgington
Kathryn Johnson
Betty King (phone)

Sharon Lambert (phone)
Geoffrey Lauer
Brett McLain (phone)
John Parmeter
Rebecca Peterson (phone)
Rebecca Schmitz
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Marilyn Seemann
Senator Mark Costello
Representative David Heaton

Representative Lisa Heddens
Senator Liz Mathis

OTHER ATTENDEES:

Barb Anderson	Department of Education
Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Hannah Beach	Legislative Services Agency
Kris Bell	Iowa Senate Democrats Caucus Staff
Jess Benson	Legislative Services Agency
Judy Davis	NAMI/Office of Consumer Affairs
Deb Dixon	Department of Inspections and Appeals
Sandi Hurtado-Peters	Department of Management
Natalie Koerber	Amerigroup
Julie Maas	MHDS, Community Services & Planning
John McCalley	Amerigroup
Ellen Ritter	Heart of Iowa MHDS Region
Flora Schmidt	IBHA
John Stoebe	University of Iowa Hospital and Clinics

Welcome and Call to Order

John Parmeter called the meeting to order at 9:42 am and led introductions. Quorum was established with ten members present and five participating by phone. No conflicts of interest were identified.

Approval of Minutes

Geoff Lauer made a motion to approve the September 21st meeting minutes as presented. Tom Bouska seconded the motion. The motion passed unanimously.

DHS Update – Director Jerry Foxhoven

Director Foxhoven thanked the Commission for inviting him to speak with them. Director Foxhoven said DHS is close to wrapping up negotiations with the managed care organizations (MCO). Director Foxhoven said the state is looking at how many MCOs the state really needs

and if four is a more appropriate number than three. Director Foxhoven said that the original contracts with the MCOs were 350 pages and one amendment is 150 pages which lengthens the time it takes to complete negotiations. Director Foxhoven said there is a natural tension between the MCOs and the state as the MCOs want to provide managed care and the state wants to provide oversight. Director Foxhoven said the state isn't just looking at cost savings from the MCOs but also to provide the right care for patients under Medicaid. Director Foxhoven said that providers also need timely and sustainable payment which is also a priority of the state.

Director Foxhoven said the state is committed to managed care and the decision to move to managed care came from Iowa being unable to sustain the previous system. The state needs to keep the costs of Medicaid sustainable while still providing the care individuals need. The state plans to hold the MCOs accountable and need to do better especially with behavioral health services. Director Foxhoven said the state isn't looking to carve out long term services and supports (LTSS) but are keeping their options open and will try to fix LTSS under the managed care system. Director Foxhoven said that some of the MCO issues the state will be focusing on are payment delays to providers and preauthorizations need to be a more logical length of time and are currently too short.

Director Foxhoven discussed the state of inpatient beds in Iowa and said that more beds may not be the answer but instead there needs to be a focus on the people who are inpatient who could be served in the community. Director Foxhoven said that at one hospital there were 11 beds for 4,000 days being utilized by individuals who didn't need inpatient level of care which is one of the problems that is disrupting the system. Director Foxhoven said that one of the things the state is looking at is how to effectively braid funding including Medicaid paying for medical services and additional funding for non-Medicaid services that isn't fee for service. Director Foxhoven gave the example of Assertive Community Treatment and the cost for running an effective team is \$1500 a month and the MCOs are paying \$1100. One of the strategies being used is looking to see what non-Medical services that are a part of the ACT model that the MHDS Regions could fund without supplementing Medicaid. Director Foxhoven said that until we fix some of the issues with community based services and get the right services in place we won't know how many inpatient beds Iowa really needs.

John Parmeter said that children's services aren't in the MHDS Region's scope and there is a lack of a children's system in Iowa. John asked how this will be addressed and if there is any interest in expanding the scope of the regions. Director Foxhoven said there is a children's workgroup that has been working on designing a children's system and Iowa needs to move forward but he isn't ready to say the regions should be responsible for children's mental health. Right now the focus is designing what the system will look like when Iowa is ready to implement a children's system.

Geoff Lauer said last week he was working with the family of a 52 year old man who was in a bike crash who had to make health decisions based on what services are available and the regions are not required to provide services for individuals with a brain injury. Director Foxhoven said that every family should make health decisions based on quality of life and those decisions shouldn't be impacted by services. Director Foxhoven said that Governor Reynolds is committed to providing the necessary services for all Iowans and improving the state of mental health services.

Jennifer Sheehan said that several regions are willing to provide seed money to start services but are concerned about sustainability once the MCOs are responsible for payment. Director

Foxhoven said that there is a need to implement effective braided funding so the regions are convinced there will be sustainable funding. Director Foxhoven said this is part of the MCO contracts and the state's expectations of the MCOs. Jim Rixner said that braided funding is an excellent concept but there are services like crisis stabilization which it has taken too long to figure out and the regions are having financial difficulty. Director Foxhoven said there is disruption in some regions and he has been contacted by a few people about the possibility of realignment of regions. Director Foxhoven said there may be a realignment of regions but individuals still need to get all their services and he won't support a realignment if it means a region isn't able to provide a full array of services.

Kathy Johnson said that there used to be savings set aside for innovation and community investment which was helpful for starting new services. Director Foxhoven said that isn't required for saving to be set aside for innovation but it's important to convince the MCOS that the concept of managed care is to invest in the population because it'll save money in the long term. Director Foxhoven said he would like to see the MCOs looking more long term versus short term and move towards value based payments and away from fee for service.

Betty King asked how Director Foxhoven views peer support in the array of services. Director Foxhoven said the only question is how to pay for the service because the quality and benefits from peer support are clear. Peer support is essential and it needs to be available and paid for since it is a valuable service that cuts costs in other areas.

Patty Harris from Woodbury County asked if there was any interest in requiring payment for level of care until there is appropriate level of care in place. Director Foxhoven said that CMS pays a good portion of Medicaid services and will not pay a federal match on services that aren't medically necessary. Director Foxhoven said that the system becomes unsustainable when it takes on payments for medically unnecessary services which is why it is important to partner with the regions to get step down services in place.

Approval of the Executive Summary on Medicaid Managed Care

The Commission discussed the executive summary presented to the Commission and requested changes be made that include adding delayed payments have increased recidivism for residential services, concerns with Medicaid eligibility being accurately communicated for individuals post-incarceration, lack of a valid level of care assessment for individuals with a brain injury, and the need to develop services for individuals with intellectual disability including children.

Geoff Lauer made a motion to approve the executive summary on Medicaid managed care with these four changes and Tom Broeker seconded the motion. The motion passed unanimously.

The Commission broke into Committees at 11:00am and reconvened as a whole at 11:30am.

Planning for December's Meeting

The Commission requested an update on the managed care organizations to include the state of their provider network.

Public Comment

Teresa Bomhoff encouraged the Commission members to talk with their legislators because she has received a list of Medicaid services that are on the list of services to be eliminated which includes the medically needy program. Teresa said that there has been a national study done provider networks and this is a nationwide problem.

The meeting adjourned at 12:03pm and reconvened with the Mental Health Planning and Advisory Committee at 1:02pm.

Minutes respectfully submitted by Julie Maas.